	PLACE OF DEATH County Many sources	STATE OF MARYLAND CERTIFICATE OF DEATH
	County	Registration Dist. No. 214
Vi	2FULL NAME anna Relecca Orde	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, Marriel WIDOWED, Marriel OR DIVORCED (Write the word)	16 DATE OF DEATH March 28, 1931 (Month) (Day) (Year)
6	DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1929 to June 2 , 1921. that I last saw h 2 alive on June 2 8 , 1927.
8	AGE If LESS than I day hrs. ds. or min.	and that death occurred on the date stated above, at 10.40 ft.m. The CAUSE OF DEATH * was as follows:
X	(a) Trade, profession or articular kind of work (b) General nature of industry business, or establishment in	dissort (Duration) yrs, mos. ds.
-	BIRTHPLACE (State or country) Men Moulet, ha	Contributory Fibraich teleurs Secondary Secondary Chemica (Duretion) yrs. dos. ds.
	10 NAME OF FATHER Deter Good.	(Signed) (Sparion Band head M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Juga Julson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country) Miguila	At place of death
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
-	(Informant) (Address)	Ao bech md min 21. 1991
15	Filed Man 31 1931 T. El Julley Fersiter	Des I, Moro den Kochrille
	If more banks are needed, addre a State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

whatever. write None. gaged in domestic service for wages, as Servant, Caok, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housesary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can he known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Hausekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocetc., report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is necesyrs. For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis earbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculasis of lungs, men-Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali Chronic interstitial nephritis, (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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	PLACE OF DEATH	63332 STATE OF MARYLAND
	County Moula	CERTIFICATE OF DEATH
		Registration Dist. No. 2/3
1	Village or City nr. Tockwelline.	St.: Ward) (If death occurred in a hospitat or institu- tion, give its NAME In- stead of street and
	2FULL NAME John Vitrus	(Dailry number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
477	Male A COLOR OR RACE SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 2, 192 / (Month) (Day) (Year)
	Det 4, 1847	17 I HEREBY CERTIFY, That I attended the deceased from 1. 28 193 / to March 2 193 /
	(Month) (Day) (Year) 7 AGE fLESS than	and that death occurred on the date stated above, at 122 m,
	O.6 / 50 I day hrs.	The CAUSE OF DEATH * was as follows:
1	83 yrs. T mos. 8 ds. or min.	Cerebras hemorshage
1	a) Trade, profession or Heile in Han Defot,	<u></u>
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs
	State or country)	Contributory Secondary Secondary
	10 NAME OF Poland VBailey	(Signed) 4 Harting M. D.
	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER CHRISTIAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	may to Parily	Former or usual residence
	(Address) Uberhuighen DC,	arlingion Malional Sun March 5, 1931
	Filed 3/3/3/ 192 Ma. V. J. Peatl Registrar	Dry . Pruby Tumphu Po chville
1	If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V.S. No. 1. Md

(Approved by U. S. Census and American Public Health Association.)

work, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a or At Home, and children, Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia. Laborersingle word or term on -Coal minc, etc. not gainfully em-The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid approved by Committee tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Whooping cough; American peritonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Medical Ass. ation.) Chronic on Nomenclature etc. valvular heart Always qualify all The contributory Sarcoma, etc., of Measles; disease;

If this derificate is looked over thoroughly and all questions answered in tail, it will preven further correspondence. All the data is essintial and must be obtained before the certificate is permanently red.

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RINDING	A PEN NENT CORD	SE chould be stated EXACTLY, PHYSI-	hat it may be properly classified. Exact	is on back of certificate.	
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PLACE OF DEATH County Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 211
Village or City no Turdum (No. 2FULL NAME Calvin Brook (3)	St.: Ward) (If death occurred is a hospit of or institution, give its NAME; stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARVIEL WIDOWES MARVIEL OR DIVORCED (Write the word)	16 DATE OF DEATH March 22, 1931. (Month) (Day) (Year)
6 DATE OF BIRTH Suly (Month) (Day) (Year)	The I HEREBY CERTIFY, That I attended the deceased from The 22 1021 to Men. 22 1021 that I last saw h saw alive on The 22 , 1921
7 AGE 42 yrs. 7 mos. 21 ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF BEATH * was as follows: Trobably Engine Pectanis
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 1 few minutes de
9 BIRTHPLACE (State or country) 1 10 NAME OF A COUNTRY)	Contributory Celle Indigestion Secondary (Duration) yrs
FATHER Luther J. Beall I BIRTHPLACE OF FATHER OF FATHER	(Signed) M. D. M.
(State or country) 12 MAIDEN NAME OF MOTHER LEATTRY P. Beall	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) The	At place of death yrs inos ds. In the State yrs inos ds. Where was disease contracted, if not at place of dea h?
(Informant) Mis Omma Beall	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) P.D. Monovia Md. Filed Mar 23 1931 Della W. Beall	Mountain View Com Puelum Mach 24, 1031
Def. Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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V. S. No. 1

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	PLACE OF DEATH	()3334	STATE OF	MARYLAND
C	County Manlyoner	(8)	CERTIFICATE	OF DEATH
			Registration I	Dist. No. 2/3
Villa	age or City near Porbaille (No.	1	St.: Ward)	(If death occurred in a hospital or institution, give its NAME in
	2FULL NAME Stillborn	Beavas		stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE	OF DEATH
3 5	emale State (Write the word)	,		/2 , 198/ (Day) (Year)
6 D	March 12, 173/ (Month) (Day) (Year)			ended the deceased from , 192, 192
7 4	about 1 day hrs. ds. or min.?		red on the date stated	above, atm
V(a	CCUPATION 1) Trade, profession or	400410471104444444444444444444444444444		*
100	articular kind of work	***************************************		***************************************
	isiness, or establishment in hich employed or (employer)		(Duration)	yrede
-	IRTHPLACE (State or country) Wheel	Contributory Secondary	(Duration)	
	10 NAME OF FATHER Elias M. Beavers	(Signed)	1 (Address) Poz	м. D
ENTS	OF FATHER (State or country) Mid.	*State the D Violent Causes, st Accidental, Suicidal	isease Causing Death, ate (1) Means of In or Homicidal.	or, in desths from jury and (2) Whether
PAR	OF MOTHER Sthel P. Cashman		SIDENCE (For Hospi	tals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or Country) M.	At place of deathyrsn	In the Stat	eyrsmosds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dear	h}	
	(Informant) & M. Bensers (Address) Rockville #5	19 PLACE OF BURIA	L OR REMOVAL	Mard M. 1831
15	Filed 3 -12 1981 mis H. J. Peall Registrar	20 UNDERTAKER E. M. /	Beavers	Roball
	If more branks are needed, address State Registrar	r, 16 W. Saratoga St.,	Balto., Requesting V.	S, No. 1.

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(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to cach and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon. (b) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or yrs). Farm laborer, Loborer-Coal minc, etc. Wom-At Home, and children, without more precise specification as Day Compositor, Architect, For persons who have no occupation (6) If the occupation has been changed Automobile foctory. The Locomolive engineer, not gainfully emmaterial Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); approved by Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, cough; Chronic Committee on affection need not be etc. valvular heart disease; Nomenclature The contributory Measles ;

If this certificate is looked over thotoughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Money	CERTIFICATE OF DEATH
Village or City for brown. 2FULL NAME Mary Fun	Registration Dist. No. St.: Ward) (If death occurred a hospit of or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH # 6 , 193/
6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 193 / to 193 / that I last saw be malive on 193 /
7 AGE O yrs. O mos. / Zds. or min.?	and that death occurred on the date stated above, atn The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Hoff draw
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER PROPERTY 11 BIRTHPLACE	(Signed) EW While M. E.
OF FATHER (State or country) Md 12 MAIDEN NAME OF MOTHER Anna Infus	*State the Disease Causing Death, or, in deaths frem Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place In the of death yrs
(Informant) ATT Propho	if not st place of dea.h?. Former or usual residence
(Address) Sorbando Md	Brolloville Mon 7, 192, 20 UNDERTAKER ADDRESS
Filed 193/ Registrar	Hillow & Hall foolmul

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REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-1-korer, Farm laborer, Spinner, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary, may be entered as *Housewife, House-work*, or *At Home*, and children, not gainfully emshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. to report specifically the occupations of persons en-Physician, Compositor. Architect, Foreman, For many occupations a single word or term on 1118). (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (6) For persons who have no occupation Stationary fireman, etc. Automobile factory. The materia Laborer-Coal mine, etc. Wom-Locomolive engineer, But in many Grocery;

spinal meningitis"): Diphtheria avoid use of "Croup";
Typhoid fever never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospina EASE CALSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion." "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skuli, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide: Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uruemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) (Thronic etc. The contributory affection need valvulai heart disease; not be

permanently filed. If this certificate is looked over thoroughly and a l questions data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. All the

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PLACE OF DEATH. STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. ... (If death occurred in Ward) a hospit il or institution, give its NAME i. stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED OR DIVORCED (Write the word)(Day) (Month) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH 7 AGE If LESS than and that death occurred on the date stated above, at // I day hrs. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF 11 BIRTHPLACE OF FATHER *State the Discase Causing Death, or, in deaths from FNH Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... yrs mosds. (State or country) Where was disease contracted, if not at place of death? Former or usual residence DATE OF BURIAL

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Spinner, nature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Foreman, (b) or At Home, and children, not gainfully em-For many occupations a Farm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accept—led term for the same disease. Examples: Cerebrosphare fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia,"

stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease; etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TEACL OF DEATH	LI UDDA STATE OF MARYLAND
County Mouls	CERTIFICATE OF DEATH
	Registration Dist. No. 212
Village or City Wawsbustle(No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Joseph Promas 6	tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, Midowed OR DIVORCED (Write the word)	16 DATE OF DEATH MAN 24, 1921
DATE OF BIRTH	17 / I HEREBY CERTIFY, That I attended the deceased from
June 9 1849	fan/ 193, O. to mar 24, 193,/
(Month) (Day) (Year)	that I last saw benelive on War 24, 192 1.
7 AGE [If LESS than	and that death occurred on the date stated above, at 11 36 mm.
1 day hrs.	The CAUSE OF DEATH * was as follows:
8/ yrs. 9 mos. 12 ds. or min.?	throng Jufustual
(a) Trade, profession or	hefter to fame
particular kind of work (b) General nature of industry	her dress
business, or establishment in	(Duration) 3 yrs. mos. ds.
which employed or (employer)	Contributory myrear def
(State or country) Prolesville, mouty Co. Mid.	Secondary (Duraffon) yrs. mos. H. ds.
10 NAME OF FATHER Thomas Chiswell	(Signed) E 1 M. D. 3/2 (6 1924 (Address) E Wash
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER Mary Joule	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER MA d	At place In the
(State or Country)	of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Edgar Bolinswell	Former or usual residence
(Address) Washington pl lo,	Bealls rele Mid Merch 26, 131
5 Filed 3/2 6 1931 EWW. Registrar	Hillon & Hall Porles ville
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7.0007

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion amplies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reetc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day 6 Grocery;

Statement of Cause of Death—Name, first, the DISTERANT CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by Committee on Nomenclature American Medical Association.) causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerreral septicaemia," "Puerreral pertonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping (name origin; "Cancer" is less definite; avoid taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Examples: Aecidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) cough; Chronic etc. The contributory affection need valvular Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all qu stions can be a seen as a second of the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institu-tion, give its NAME instead of stract and

and that death occurred on the date stated above, at

deaths from

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

DATE OF BURIAL

ADDRESS

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired laborer, business, that fact may be indicated thus; Farmer gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change ployed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter. fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DE definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, tion applies to each and every report specifically the occupations of persons en-Foreman, or At Home, For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day For persons who have no occupation Stationary fireman, etc. (a) the kind of work and also (b) the (b) Automobile factory. If the occupation has been changed and children, Laborer-Architect, Salesman. (b) -Coal mine, etc. person, irrespective or Locomotive engineer, not gainfully em-The But in many duties of the materia Grocery; Womrom

spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept-ed term for the same disease. Examples: Cerebros points Statement of Cause of Death-Name, first, the Typhoid fever (never report "Typhoid EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebro pneumonia, Bronchopneumonia ("Pneumonia, Pneumonia");

> as fracture of skull, and consequences (e.g., sepsis, retainus) may be stated under the head of "contributory." Recommendations on statement of cause of American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Meakness," etc., when a definite disease "Iraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart range," "Old Age," "Shock," "Nonition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, cough; Committee on Nomenclature of the ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronicetc. valvular heart The contributory disease;

data is If this certificate is looked over thoroughly and all questions ed in detail, it will prevent further correspondence. ently filed. ess and must be obtained before the certificate is

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PLACE OF DEATH	03339 STATE OF MARYLAND CERTIFICATE OF DEATH
County // Cong	
PA	Registration Dist. No. 2/2
Village or City Collaboration	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Bauruse	S Claygest stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19 1931. to Word 13 1931. that I last saw humalive on Word 13 1931.
7 AGE [If LESS than	and that death occurred on the date stated above, at 9,445Pm.
3 H yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Teacher in February	July loty of blows
(b) General nature of industry business, or establishment in which employed or (employer) troining through	Akock (Duration) yes mos 3 kg.
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Dystion) yrs mos ds.
FATHER HOUSE IN Cloyal	(Signed) White D. D. D. Mar 16. 192 1 (Address) Evolusielle
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mary & Whife	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) DI Tom Closuft	Former or usual residence.
(Address) Easton Ind	Petrevelle Md 3/16, 193/
15 Filed Mar/6 1931 EW. Whife Registras	20 UNDERTAKER HOLD Portsvill
If more banks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At hame. Care should be taken en at home, who are engaged in the duties of the er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager." "Peal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: 'a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Loco-Civil engineer, Stationary firemon, etc. the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation (b) Automobile foctory. The material Locomotive engineer, But in many (b) (nowery)

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); "Typhoid fever (never report "Typhoid Pneumonia"); abar pneumonia, Bronchopneumonia ("Pneumonia,");

American Medical Association.) "(Exhaustion," "Heart failure, traculorings," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., scpwis, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonoeum, etc., Carcinoma, approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases (secondary or intercurrent) Whooping cough; Chronic Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as Example: Meosles (disease affection need etc. The contributory valvular heart discuse; Sarcoma,, Measles; not etc., of death

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

B.I.

PLACE OF DEATH County Montgarnes		0334	STATE OF M	
<i>o</i> .		108	Registration I	Dist. No. 14
Village or City Silver Sp	ming(No.		St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and
2FULL NAME	orga 14. Orom	ator		number.)
PERSONAL AND STATE	STICAL PARTICULARS	MEDI	ICAL CERTIFICATE O	OF DEATH
3 SEX 4 COLOR OR RA	CE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEAT	arely "	(Day) (Year)
6 DATE OF BIRTH		17 I HERE	BY CERTIFY, That I atte	
2.0	u 5 . 1913	march	2/ 1923/ to Ma	rel 76, 193/
O (Mo			Galive on Man	cl. 26, 19231.
7 AGE	If LESS th		urred on the date stated	above, at 91459 m.
19 yrs. 8	mos. 21 ds. or mir		ATH * was as follows:	
8 OCCUPATION	······································		y Jalus	anna ca
(a) Trade, profession or particular kind of work	at School	20.001000.0000.000000000000000000000000		4
(b) General nature of industry		000000000000000000000000000000000000000	#* ** *Bog * ** *#Bog be * 12420* 60000 000000000000000000000000000000	
business, or establishment in which employed or (employer)	***** 444000***************************	***************************************	(Durstion)	yrs. mos 6 ds.
9 BIRTHPLACE (State or country)		Contributory Secondary	,	***************************************
1 10 NAME OF	fland		(Duration)	yrsmosda,
FATHER O	and O Oumst-	(Signed)	1. Howell	etiyo cu M. D.
() 11 BIRTHPLACE	rd O Oxompto	March 2 192	(Address)	- Springer
- OF FATHER	sict of Columbia	*State the Violent Causes,	Disease Causing Death, state (1) Means of Injust or Homicidal.	or, in deaths from ury and (2) Whether
12 MAIDEN NAME OF MOTHER			RESIDENCE (For Hospital	
13 BIRTHPLACE	do M. Dulay	ients or Recent		are, anecteurione, rrans-
OF MOTHER	. + 000 0.	At place of deathyrs	.mos. ds. In the	yrsds.
(State or Country) Work	est of Odumbra	Where wes disease en	ntracted,	
		Former or		
(Informant) Rechare	d O. Oxompton	19 PLACE OF BUR	AL OR REMOVAL	DATE OF BURIAL
(Address) Silver	Spring, mid			March 28, 1931
15 Fr. 1 1 1 1 1 1 7 1 1 1 1	160000	20 UNDERTAKER	9	ADDRESS
Filed Waw 27 1929	Rogistros	- Juanes	E. Permele 3	Bockville, Md
If more hanks a	are needed, address State Kneist	rar. 16 W. Saratoga St.	, Balto., Requesting V.Os	No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic valvular heart disease; etc. The contributory affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH	13341 STATE OF MARYLAND
County Moule	CERTIFICATE OF DEATH
	Registration Dist. No. 2//
Village or City Cafoburg (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME CHINIL Louis	Davis (number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale. Color or RACE 5 SINGLE. MARRIED, MOUNTED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH June 20 1861	17 I HEREBY CERTIFY, That I attended the deceased from 193/. to 193/.
(Month) (Day) (Year)	that I last saw h Walive on Mar. 17, 1901,
7 AGE If LESS than	and that death occurred on the date stated above, atm,
69 yrs. 8 mos. 25 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (6) Trade, profession or Aprice wife particular kind of work	acub hipprelies
(b) General nature of industry business, or establishment in	(Durstion) yrs. mos. 7, day
which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Chronic Trypeatdelis
10 NAME OF FATHER	(Signed) 5 W Barwer D.
11 BIRTHPLACE	mar 16 1931 (Address) Youthertaly
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Helen infant	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place Of deathyrsmosds, Stateyrsmosds,
(State or Country)	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) William Danis	usual residence
(Address) Clash furg me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 17 , 19
Filed Marin 19231 Mm & Lewis Registral	20 UNDERTAKER Jacker Gaithersby
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (1) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oct," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material single word or term on As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the Dissease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as use of "Tumor" for malignant ncoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease "Coma," "Convulsions, affection etc. The contributory valvular heart Nomenclature of the need not be Mcasles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the clata is essential and must be obtained before the certificate is permanently filed.

APR URE

important

Si-	PLACE OF DEATH
E H	County monly one
200	71

Vill

03342

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2

St.:

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) Ward)

age or City Vakw	ma Vark (No	.619	Carroll	avr-
² FULL NAME_	Frances	1	Drake	

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Famale Walt Single, Windows on Divorced (Write the word)	16 DATE OF DEATH March (Month)	1. (Day) 198/(Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I at	
auf 29 nd, 1929	746-12/2 100/ 10 N	1arch 178, 1931
(Month) (Dsy) (Year)	that I last saw h St alive on Mi	anch 16 ? , 1921
7 AGE If LESS than	The state of the s	d above, at 9-0 a m
1 1 1 day hrs.	The CAUSE OF DEATH * was of follows	
yrs	The CAUSE OF DEATH * was no follows?	enungelis
8 OCCUPATION (a) Trade, profession or		
particular kind of work		***************************************
(b) General nature of industry	,,,	
business, or establishment in which employed or (employer)	(Duration)	yra. mos 4 da
which employed or (employer)	Contributory Cold - + au	dusin
9 BIRTHPLACE (State or country) Many Land	Secondary	
	(Duration)	yrs mos /t/ ds
10 NAME OF How and Chas Drake	(Signed) Majerella E. Kr	less MD
A DISTURBLE OF	Mar/9" 1931 (Address) 705 (Canall air
OF FATHER VENUA -		***************************************
(State or country)	*State the Discase Causing Death, Violent Causes, state (1) Means of In	or, In deaths from
12 MAIDEN NAMEO	Accidental, Suicidal or Homicidal.	(0)
of MOTHER Manue Jubbard	18 LENGTH OF RESIDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)	
OF MOTHER // Wanna	At place In the	
(State or country)		teds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?	**************************************
0 11 0 11 6	Former or	
(Informant) Mus Howard Wrake	usual residence	
of Oll Co	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Address) - 6/9 Carroll Wr-	leedar Hell. med	mar 19 1031
THE RESIDENCE OF THE PROPERTY		, 10 -10.10
15 Filed Mar 18 1931 No. E. Rogers	20 UNDERTAKER	ADDRESS
I II CU I I	Mhl	

If more banks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1. Ma

Every Ite CIANS's statemer

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.. For persons who have no occupation should be used only when needed. As examples: (a) cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. to report specifically the occupations of persons en-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material 6 The ques-Grocery;

spinal meningitis"; Diphlheria (avoid use of "Croup"); forer (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH the primary affection with respect time and causation, using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. stated unless important. approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., o: unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the datu is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Mont	CERTIFICATE OF DEATH
0,0,	Registration Dist. No. 217.
Village or City andy Strug No.	St.: Ward) (if death occurred in a hospital or Institu- tion, give its NAME in- stand of streat and
2FULL NAME OUZAOUN VIA	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 9, 1923/ (Month) (Day) (Year)
(Month) (Day) (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from Mar 2 2 1931, to Mar 2 1, 1931, that 1 last saw but alive on Mar 2 1, 1922,
7 AGE If LESS than I day hrs. ds. or min.	and that death occurred on the data stated above, at from m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chr Tatoshtal nephritis
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs mos ds.
9 BIRTHPLACE (State or country) Ind	Contributory My My Cartures Secondary (Duration) yre 3 mos de
10 NAME OF FATHER John Dor Leif	(Signed) Charles Sumble on M. D. Mar 3 f 193 f (Address) Sauly Spring M. D.
OF FATHER (State or country)	*State the Disease Causing Death, 9, in Seaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Maria Staward	18 LENGTH OF RESIDENCE (For Hospitais, Institutions, Transiants or Recent Residents)
of MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) That Walker	if not at place of death? Former or usual residence
(Address) Sangy Spring mi	Spencerville Date of Burial Ofor 19 31
Filed Mar 3/ 1923/ Saruslay Registrar	Geo Snowden Rockville
her issued	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATHL to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who rcceive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. "(Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. can be ascertained as the cause. Always qualify all "Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; Recommendations on statement of cause of death Elanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, sarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease " "Coma," "Convulsions, etc. The valvular heart disease; contributory Measles;

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occ pations of persons enployed, as At *chool or At home. (are should be taken definite salary), may be entered a. household only (not paid Housekeepers who receive a en at home. Who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. "pinner, (b) Cotton mill; (a) Salesman, (b) Grocery; rhould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocetc., without more precise specification as Day 6 yrs.). For persons who have no occupation For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces--Coal mine, etc. Wom-Housewife, House-The material in many

Btacement of Lause of Death—Name, first, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"):

ment of cause of death approved by Committee on head of предсев ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURI State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease "Dropsy." "Exhaustion," "Heart failure." "Haemor-rhage." "Inanition," "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Heasles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. "Puerperal septicuemia." "Puerperal peritonitis," vulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular -acoident; Revolver wound of head-homicide; "contributory." (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasles "Апаетіа" heart disease; terminal (disease (merely (second-

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V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If repred from 6 whatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in doniestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many household only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons, especially in industrial employments, it is neces-For many occupations a without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the single word or term on

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature Chronic valvular heart disease; etc. The contributory affection need not be etc., of

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PLACE OF DEATH County Montgomery	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
Village or City Deresortion	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH MONTH MONTH 192 (Month Talpay) / Final
Month (Day) (Year)	that I Inst saw hattro on
Stallbasen ds. or min.?	and that death occurred on the date stated above, and m. The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Miscernage at I mould
(b) General nature of industry business, or establishment in Which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Deswood, Med -	Contributory Secondary (Duration) yrs., mos. ds.
10 NAME OF Edward P. Sanley	(Signed) M. D. Marker M. D. M.
OF FATHER (State or country) Morley, Co., Mal-	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Fanahan	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Machington, D. C	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Color of Baseley	if not at place of dea.h?
(Informant) Cliv. O. Address) Descrood, Mid-	On mennes Date of Burial March 20, 19.31
15 Filed 3 - 20 1923/ Mus. W.J. Call Registras	Edw. F. Davoley Diswood, Ind
If more blanks are needed, address thate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

0011

(Approved by U. S. Census and American Public Health Association.)

definite salary, may be entered as Housewife, House-work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a er," etc., without more precise specification as a laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write Nonc. housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospital spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchöpneumonia ("Pneumonia,")

stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Nomenclature of the

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03347

STATE OF MARYLAND CERTIFICATE OF DEATH

93-0

Registration Dist. No. 2/

St.: Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

***	***************************************
	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH ME 4 , 198 A
	(Month), (Day) (Year)
- 1	17 I HEREBY CERTIFY, That Lattended the deceased from
3	mar 4 1981 . 10 man 4 , 1531.
	that I last saw halive on, 192,
n.	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
5	\cap \circ
	Churung Auscarditis
ı	The state of the s
•	
	(Duration)
	Contributory Secondary
-	(Signed 7 - M. D.
	192 (Address) Bochock Seel
	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Rochnele 3 8, 193/
	20 UNDERTAKER
	Ges. R. Luonden Plochnelle My

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING PEACES, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer the gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a r," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the big. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the (Recommendations on statement of cause of death tetinus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic etc. The contributory affection need valvular Always qualify all heart not be disease;

It this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PLA

Filed Mars

marie	03761
PLACE OF DEATH	STATE OF MARYLAND
County Mrt gower	CERTIFICATE OF DEATH
	Registration Dist. No. 2/3
Village or City Varueslown (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH 3 ^{nl} 4 , 193 /
(Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
sip 30, 1857	7010 1 000
(Month) (Day) (Year) AGE (If LESS than	0.4
I day bre	
80 yrs. 5 mos. 4 ds. or min.?	~~
B OCCUPATION (a) Trade, profession or //	
particular kind of work Houselufe	
(b) General nature of industry business, or establishment in	(Duration) yrs, mos 4 ds
which employed or (employer)	Contributory Sexulle Decay.
(State or country) M	Secondary (arterial rolervies)
10 NAME OF	(Duration) Jyre mos de
FATHER Samuel /r. Shellams	(Signed) M. D. M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) Manyland	(Address)
(State or country) Mary and	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER () ALLE GILL TILL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or country) Manyland	At place of death yrsmosds, Stateyrsmosds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
a. a all al	Former or
(Informant) Mrs (arroll Halles	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) UF D. Germanlow Ma	Sans & Soun Rust church 3/6", 103/
15 Filed Mars 6/2 DE USLE D Noverse M. O.	20 UNDERTAKER ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (o) Salesmon. without more precise specification as Doy (6) For persons who have no occupation Automobile factory. The material Locomotive engineer, 6 Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Dinhtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicuemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con use of "Tumor" for malignant neoplasms); Measles; inges. peritonacum, etc., Careinoma, Sareoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-(secondary or intercurrent) affection need not be American Medical Association.) or as probably such, if impossible to determine definitely. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory disease;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

03348

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/3

(If death occurred in

1	Hoffman	a hospital or institu- tion, give its NAME in- stead of street and number.)
	MEDICAL CERTIFICATE O	F DEATH
	16 DATE OF DEATH MAIN	4 , 192 1
_	(Month)	(Day)(Year)
	17 I HEREBY CERTIFY, That I atte	nded the daceased from
	192 to	, 192,
	that I last saw halive on	, 192,
n	and that death occurred on the date stated	above, atm.
ı.	The CAUSE OF DEATH * was as follows:	-7
?	Found dead at 611	1 Estim ore
	month towned buccal	certy
•	German with south	the chi
	froming drunk Bration	yreds.
	Contributory Secondary	<u>.</u>
	Succide Cut R. (Duration)	yrsmosds,
	(Signed)	M. D.
-	8/6 1928 (Address) Proch	rely and
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, In deaths from ury and (2) Whether
	18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
-	ients or Recent Residents)	
	-	yrsde,
-	Where was disease contracted, if not at place of death?	
	Former or usual residence	aa a 600 a a 0 a wa y 000 0 a aan 000 0 a aan 000 0 000,0000 0000000000
	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
-	Washing C.	9, 193
	20 UNDERTAKER	ADDRESS
••	11/2 7 1 1 . ()	W. L. 11.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter whatever, write None. business, that fact may be indicated thus; Farmer (r state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, r," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need not be etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-9	OF DEATH		UUUTU	STATE OF MARYLAND
County	Untgomery	<u>.</u>	(49)	CERTIFICATE OF DEATH
	The to the			Registration Dist. No. 2/3
Village or City 2FU		a Blanchelph	night) Holm	St: Ward) (If death occurred a hospital or instation, give its NAME stead of street number.)
	7000000 (2000000000000000000000000000000	ICAL PARTICULARS		CAL CERTIFICATE OF DEATH
3 SEX Fimale	4 COLOR OR RACE	MARRIED, Marku	16 DATE OF PEATH	arch 17 , 1983,
6 DATE OF BIR	/o (Month	24 , 186	67 hov, 19	Y CERTIFY, That I attended the deceased f
7 AGE	(Monta) (Day) (Ye		arred on the date stated above, at // //
	63 yrs. 4	mos. 24 ds. or n	hrs. The CAUSE OF DEA	
8 OCCUPATION	ofession or 11		Malina	. 0
particular kin		mewife	Primay in	Valva CwgR
	stablishment in			A
		_	······	(Duration) yre mos
which employ	ed or (employer)		Contributory .	Coma Duration) Lyre mos
which employ	ed or (employer)	ington D.C.	Contributory Secondary	(Duration) yrs. mos. 2
which employ	entry) Wash	ington D.C.		Coma
which employ BIRTHPLACE (State or cot 10 NAME O FATHER 11 BIRTHPL	ed or (employer) Intry) Wash F Henry ACE	ington D.C.		Coma ?
which employ BIRTHPLACE (State or cot 10 NAME O FATHER 11 BIRTHPL OF FATH (State or	ed or (employer) Intry) Wash F Henry ACE ER country) Was		(Signed) 1 (1)	Disease Causing Death, of, in deaths from that (1) Means of Injury and (2) Whether
which employ BIRTHPLACE (State or con 10 NAME O FATHER 11 BIRTHPL OF FATH CState or con	ed or (employer) intry) Wash F Henry ACE ER COUNTRY) WAS		(Signed)	Disease Causing Death, of, in deaths from the first of Injury and (2) Whether ESIDENCE (For Hospitals, Institutions, Transported to the control of the contr
Which employ BIRTHPLACE (State or con 10 NAME O FATHER 11 BIRTHPL OF FATH C (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH	ed or (employer) Intry) Wash F Venry ACE Country) Was NAME F ACE FR Ph		(Signed) 192 (Signed) 192 (Signed) 192 *State the Violent Causes, Accidental, Suicidal	Disease Causing Death, of, in deaths from state (1) Means of Injury and (2) Whether tesidents) ESIDENCE (For Hospitals, Institutions, Takesidents)
which employ BIRTHPLACE (State or cot 10 NAME O FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	ed or (employer) intry) Wash F Venry ACE ER Country) Was NAME ER Country) ACE ER Country)		Secondary (Signed) *State the Violent Causes, Accidental, Suicidal 18 LENGTH OF Rients or Recent R	Disease Causing Death, of, in deaths from the contract of Injury and (2) Whether the classical of the contract
which employ BIRTHPLACE (State or cot 10 NAME O FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	ed or (employer) intry) Wash F Venry ACE ER Country) WAS NAME ER Country) STRUE TO THE BEST	hington De Foulkrood	(Signed) 192 *State the Violent Causes, Accidental, Suicidal 18 LENGTH OF Rients or Recent R At place of death yrs	Disease Causing Death, of, in deaths from the contract of Injury and (2) Whether the classical of the contract
which employ BIRTHPLACE (State or cot 10 NAME O FATHER 11 BIRTHPL OF FATH (State or 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State or	ed or (employer) Intry) Wash F Venry ACE ER Country) WAS NAME F Country) STRUE TO THE BEST	hington De Foulkrood	Secondary (Signed) *State the Violent Causes, Accidental, Suicidal 18 LENGTH OF Rients or Recent R At place of death yrs Where was disease corif not at place of death for the place of death of the place of death yrs	Disease Causing Death, of, in deaths from the or Homicidal. ESIDENCE (For Hospitals, Institutions, Tresidents) In the State yrs. mos.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation—Precise statement of occupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (r) or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been change to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know Civil engineer, Stationory firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is neces-Farm laborer, Laborer-Cool mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the Discase Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; spinal meningitis"); Diphtheria avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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this certificate is looked over thoroughly and all questions are word in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. L

(If death occurred in Ward

a hospit I or institution, give its NAME i number.)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from

and that death occurred on the date stated above, at

Causing Death or, in Violent Couses, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the State yrs.ds.

DATE OF BURIA

ADDRESS

If more b.anks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

eupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know the first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Civil engineer, Physician, Compositor, whatever, write None. etc., Foreman, For many occupations a single word or term on O. yrs). Farm laborer. At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Stationary froman, etc. But in many Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation, using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Dinhilheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

causing stated unless important. Example: Measles (disease use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Deblity" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy." "Collapse," "Coma," "Convulsions, unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephrilis, Whooping cough; letanus) may be stated under the head of "contributory." carbolic acid-probably smeide. The n-ture of the injury, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, and consequences 'e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), or intercurrent) affection need for malignant neoplasms); Measles; Chronic valvular heart ctc. The contributory Always qualify all not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH

County Mantgomery	CERTIFICATE OF DEATH Registration Dist. No. 2-2-3
Village or City Washington San. & Hosp. To	Atoma Park Bld. Ward) (If death occurred in a hospital or institution, give its NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M. A COLOR OR RACE SINGLE. MARRIED, Single MARRIED, WIDOWED OR DIVORCED (Write the word) B DATE OF BIRTH July 9, 1859 (Month) (Day) (Year)	16 DATE OF DEATH , 192 March (Month) 5 (Day) 1931 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Feb. 10, 1921, to March 5, 19231, that I last saw h 172 alive on March 5, 19231,
7 AGE 7 / yrs. 7 mos. 27 ds. or min.?	and that death occurred on the date stated above, at 140 a.m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work Superintendent of Barrel (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Duration) 70 yrs. mos. ds. Contributory bacute / Glove shule Secondary (Duration) yrs. mos. ds. (Signed) M. D.
(State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) Washington Sam. & Hosp, Files (Address) Takoma Park, Md. Filed Mar 5 1931 HERZING	where was usease of dea.h? Former or usual residence 1912 G. St. N. W. Wash. D.C. 19 PLACE OF BURIAL OR REMOVAL Abordon Beach Mich Man 5, 1931 20 UNDERTAKER ADDRESS Wash. D.C. 16 W. Saratora St., Balton, Sequesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

toborer, state occupation at beginning of illness. If retired from g ged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many oecupations a especially in industrial employments, it is necesyrs). Farm laborer, Luborer-Coal mine, etc. Wom-For persons (b) Automobile factory. The material who have no occupation single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilaria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably swicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County MG	CERTIFICATE OF DEATH
2	Registration Dist. No. 2/4
Village or City files Thury (No.	Jabliwood San. St.: Ward) (if death occurred in a hospital or institution, give its NAME in-
2FULL NAME Janua T. J.	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 6, 192/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
unbenseur 1865-	1 107 0. 10 March 6 , 107/.
(Month) (Day) (Year)	that I last saw h Man alive on Man of 3 , 192 f.,
7 AGE	
66 yrs. 3 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Kamon 1 a. i
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)ytsde.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 4 yrs. O mos. O de.
10 NAME OF FATHER 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) M. D.
11 BIRTHPLACE	March 6 1923 / (Address) Live thing so
OF FATHER (State or country)	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Sulcidal or Homicidal.
T 12 MAIDEN NAME . 7	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the State
(State or Country)	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Lucian Hawland	Former or I WK
(Address) Silver thing MA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
The state of the s	20 UNDERTAKER ADDRESS
Filed War 7 198) 7.5 Wardly Registras	I Jaselly pour bong mich
If more blanks are needed, andre state Kegietra	r, I6 W. Saratoga St., Baito., Requesting V. S. Ao. 1.

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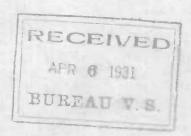
(Approved by U. S. Census and American Public Health Association.)

work, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Furn laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many single word or term on cugineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HONICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meastes; Examples: A ecidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic ," "Coma," "Convulsions," ete. The contributory affection valvular heart Nomenclature of the need not be discase;

If this certificate is looked over thoroughly, and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital er institution, give its NAME Ir stend of street numher.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX WIDOWED! should be t it may be s on back OR DIVORCED (Write the word) That lattended the deceased 6 DATE OF BIRTH that (Year) (Day) (Conth) and that death occured on the date stated above, at IIf LESS than 7 AGE The CAUSE OF DEATH * was he follows: I day hrs. torm B OCCUPATION SERVI (a) I rade, profession or particular kind of work plair (b) General nature of industry important. business, or establishment in UNFADING which employed or (employer) C Contributory Secondary ICa 9 BIRTHPLACE MARGIN (State or country) 10 NAME OF (Signed) D (Address) 0 *State the Disease Causing Death, or, in deaths from lent Caus s, state (1) Means of Injury and (2) whether 11 BIRTHPLACE OF FATHER ENT Violent Caus s. Accidental, Suicidal or Homicidal. (State or country) ATIO 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans 12 MAIDEN NAME œ ients or Recent Residents) OF MOTHER state ccup, In the At place of death yrs mos ds. 13 BIRTHPLACE State. OF MOTHER Where was disease contracted, (State or country) 00 if not at plece of death? TRUE TO THE BEST OF MY KNOWLEDGE Former or shou usual residence. 19 PLACE OF BURIAL OR REMOVAL statem 60 EVERY 20 UNDERTA Registra If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully em-ployed, as At school, or At hame. Care should be taken definite salary), may be entered as Housewije, Housetuborer Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g.. Farmer or Planter tion applies to each and every cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Furmer (rehousehold only (not paid Housekeepers who receive a Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation Stationary firemun, etc. person, irrespective of Locomolive engineer, But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebrosyinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar phenomenia, Bronchapneumonia ("Pneumonia,")

> "Inanition," "Marasmus," "Old Age, (secondar or intercurrent) affection need not be stated unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." "PUERPERAL seplicacmia," "PUERPERAL perilonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy, approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, Chronic Carcinomo, etc. The valrular heart disease; Sarconia,, etc., of contributory " Shock," Measles ..

If this certificate is looked over thoroughly and all quartions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the cartificate is permanently filed.



V. S. No. 1

PLACE OF DEATH County Month	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3
Village or City Juniaulous (No	St.: Ward) (If denth occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RICE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE Oyrs. O mos. Ods. of Omin.? B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) (Address)	Former or usual vesidence. Polyace of Burill or Removal Date of Burial 10 May 19 3
15 Filed Mach 9 1901 Wife De Rogistras	20 UNDERTAKER Jacker Jackershy
lf more banks are needed, address tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-" etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer -- Coal mine, etc. Womwithout more precise specification as (b) Automobile factory. The material 6 engineer, Grocery; Day

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state Means of Injuly diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Chronic interstitial nephritis, "Atrophy," "Collapse, Never report mere symptoms or terminal condi-" "Weakness," Chronic ," etc., when a definite disease Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	03356 STATE OF MARYLAND
County Montgomiery	CERTIFICATE OF DEATH
4	Registration Dist. No. 223
Village or City Washington SNB. 1 H 2FULL NAME Mr. Benjamin	tion, give its NAME in
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Mark	moved, 16 DATE OF DEATH , 192 , 1931
M. American (Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
Engust 16,	1978 March 27, 1921 to March 30, 1923/
7 //	ESS than and that death occurred on the date stated above, at # 9 m lay hrs. The CAUSE OF DEATH * was as follows:
	min.? My Algeneral myorandeho Han
(a) Trade, profession or Bond & Stock Saks:	Valletiles.
(b) General nature of industry	7
business, or establishment in which employed or (employer)	(Duration) tyre
BIRTHPLACE (State or country) (State or country)	Contributory Secondary (Duration) yrs. mos d
10 NAME OF FATHER Francis Marion Me	Gee (Signed) (Address) Vash San Hoop, Vahone
of Father (State or country) Scot/and	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Lizabeth Parter	The property of the state of th
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds. In the Stateyrsmosd
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDG	Where was disease contracted, if not at place of dea.h?
(Informant) Washington San & Hosp, Fin	les Former or usual residence I m bassadar Apt 16th St. Wash. D. C. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Takoma Park, Md	Vienna Il, Mar 31, 193
15 Filed March 30 1931 Ho. E. Roge	gistrai 20 UNDERTAKER ADDRESS GISTRAI ADDRESS GILL J. W. P.
If more banks are needed, addre s tat-	e Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material Locomolive engineer, not gainfully em-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonasum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid can be ascertained as the cause. Always qualify all "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Whooping Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condicough; " "Heart failure," Chronic valvular heart disease; Example: Measles (disease "Senile," etc.), "Dropsy, failure," "Haemorrhage, affection need etc. The contributory

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8

Exact

	PLACE OF DEATH
	County Mongomery
Vil	lage or City Gedan Grove (No
	2FULL NAME PESSIL O PUCOS
	PERSONAL AND STATISTICAL PARTICULARS
3 9	4 COLOR OR RACE SINGLE, MARRIED, Musuel WIDOWED, OR DIVORCED (Write the word)
6 [DATE OF BIRTH
	(Month) (Day) (Year)
7 A	If LESS the l day hr
p (lb	occupation a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)
9 8	(State or country) MA.
	10 NAME OF Howard Vance
NTS	11 BIRTHPLACE OF FATHER (State or country) Md.
PARE	OF MOTHER Ella Ropplon
	13 BIRTHPLACE OF MOTHER (State or Country)

03357 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 21/

NAME Jessie 9. Micoli	St.: Ward) a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SSINGLE, MARRIED, MARNIES WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH March 20 , 1923 / (Month) (Day) (Year)
Lan. 27, 1878 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 10 1 2 3 1931. to Man. 20 , 1931. that I last saw her alive on Man. 19 , 1931.
3 yrs. 1 mos. 23 ds. or min.?	and that death occurred on the date stated above, at 12 30 g.m. The CAUSE OF DEATH * was as follows: Malygnams Cyplic Jumoss
ssion or of work to memory blishment in	Operation) yrs mos ds.
ry) MA.	Contributory Secondary (Duration) yrsds.
Howard Vance	(Signed) M. D. M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
AME Ella Royslon	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
untry)	At place of death
Rev. Henry Nicoll S. D. Germantown ma	Former or usual residence
2/ 193/ Willa W Beall Dift, Registrar	M. Carmel M. Elemeley March 23, 1931. 20 UNDERTAKER Pallo Co., What . ADDRESS J. B. Beall Inc. Damasus m.
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No.

(Informant)

Filed mon 2

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant Cook, Housemaid, etc. If the occupation has been changed laborer, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (2)-tired 6 yrs). For persons who have no occuration or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," ctc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*erebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

on (chanus) may be stated under the head of "contributory." approved by Committee on Nomenclature (Recommendations on "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Exhaustion," "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL perilomitis," etc. can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage," Chronic statement of cause of Example: Measles (disease etc. The contributory valvular Always qualify all heart discase;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

H .	63358
PLACE OF DEATH	STATE OF MARYLAND
County Mont	CERTIFICATE OF DEATH
0 00 9 10	Registration Dist. No. 217.
Village or City 100 May 100 (No. May 100) 2FULL NAME LETTY Office	St.: Ward) (If death occurred in a hospital or Institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 182 f. to Man J., 192 f. that I last saw h Malive on Man J. J., 192 f.,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or home	Interculous meningities
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs / mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF Herse Offull	(Signed) Chaston unable on M. D.
ST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O O O	*State the Disease Causing Death, or, in desthe from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lygice of the	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	lents or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?s. Former or usual residence
(Address) Saithersburg R. J. S. 2	Brook Trove mg 3, 1921
15 Filed 4-3- 1973/ CBBarnsley Register	Log W Barber Sathershur
If more branks are needed, address State Registra	r, 16 W Caratoga St., Balto., Requesting V. S. No. 1. 2004

(Approved by U. S. Census and American Public Health Association.)

er," etc., should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (see or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. atic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia, " "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condior intercurrent) Chronic etc. The contributory affection need valvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	03359
PLACE OF DEATH	STATE OF MARYLAND
County monty omery	CERTIFICATE OF DEATH
	Registration Dist. No. 211
	Registration Dist. No. &
Village or City VI. Market (No.	St.: Ward) (If death occurred in a houping or institution, give its NAME istead of street an
2FULL NAME & FLOWING WINNIA	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March 22, 1931 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
luguet 20 1930	March 19 1931 to March 22 ,131
(Month) (Day) Year)	that I last saw here alive on March 21 1001
7 AGE	and that death occurred on the date stated above, at 2 2 2
wrs. 6 mos. 2 ds. or min.	The CAUSE OF DEATH was as follows:
B OCCUPATION	Monday Jacomonia
(a) Trade, profession or particular kind of work	1 1
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yrs. mos.
9 BIRTHPLACE (State or country) Manual A	Contributory Meningest Complisations
FATHER Bromwell Lever Frem	(Signed) Jerry M. D. Danascus M. D. March 23 (18) (Address) Danascus M.
of It BIRTHPLAGE OF FATHER (State or country) The country of the	*State the Lie ase Causing Death, or, in death of m Violent Causes, state (1) Means of Injury and (2) Whither Accidental, Suicidal or Homicidal.
of MOTHER Elsie Dorsey	13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h?
Waterman Garrer Gram	Former or usual residence
(Address) P.D. Gaithersbury Md	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL Firewholehole Genelors Mah 24, 1931
Filed mar 23 1931 Willa W. Brall	Roy W. Barber Saytowille med
If more banks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

with on file is Carroll G

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Former (re-tired 6 ins). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emlaborer, Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery:
(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necesto report specifically the occupations of persons enworked on may form part of the second statement. For many occupations a single word or term on

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever never report "Typhoid Pneumonia,"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perdonitis," etc. diseases resulting from childbirth or miscarriage as atie), "Atrophy." "Collapse." "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (seeondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. The contributory valvular heart disease; affection need not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

80

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/3

(If death occurred in a hospital or institution, give its NAME instead of street and

I HEREBY CERTIFY, That I attended the deceased from that I last saw her alive on Man 22 192 and that death occurred on the date stated above, at 8:55 .. Un Known (Duration) 2.3 vrs 7 MW (Duration)yre.... *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-TE OF BURIAL

(Approved by U. S. ('ensus and American Public Health Association.)

or given up on account of the DISTASE CAUSING DEATH to report specifically the occupations of person; enployed as it school or . It home. Care should be taken definite salary), may be entered a. Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plunter, tion applied to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in Comestic service for wages, as Servant, Cook, laborer, Farm laborer, Laborer-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocv Wid.). For many occupations a single word or term on or At Home, For persous who have no occupation and children, not gainfully em--Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or misearriage as rhage," "Inanition," "Marasınus," "Old Age," "Shock," symptomatie), "Atrophy." "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" stated unless important. use of "Tumor" for malignant neoplasms); Measles; quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ean be ascertained as the cause. "Uracmia," "Weaknes." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," ary), 10 ds. Never report mere symptoms or causing Chronic interstitial nephritis, etc. The contributory inge., peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the A herican Medical Association.) ment of cause of death approved by ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: State eause "PUERPERAL sep 'icaemia," "PUERPERAL peritonitis," (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; ... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (second-"eontributory." "Debility" ("Congenital," "Senile," etc.), Accidental drowning; for which surgical operation was under-(Recommendations on state-Example: Measles (disease Struck by railway Always qualify all Committee on terminai (merely not be "Con-

If this certificate is lo kallover thoroughly and all questions answered in detail (will prevent further correspondence. All the data's descripted and must be brained before the certificate is permanenty fig.

PLACE OF DEATH	03361 STATE OF MARYLAND
County Mont -	CERTIFICATE OF DEATH
10 7 0 4	Registration Dist. No. 2/7
Village or City Shelf (No. Most Co &	St.: Ward) (if death occurred a hospital or institution, give its NAME is stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH MAY 25 7, 1924 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Mary 10th 1924 to Mary 25th, 1925 that I last saw her alive on Mary 25th, 1925
7 AGE 48 yrs. 10 mos. 29 ds. or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	chr nephritis (Interstitio
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 2 yrs. mos.
9 BIRTHPLACE (State or country) Mussouri St Louis	Contributory Secondary (Duration) yrs
10 NAME OF Jacob Donoly	(Signed) Ces molleson M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sucy Ruffin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State of Country)	At place of death yrs mos 3 ds. In the State yrs mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Package PJA
(Informant) Mary Grath (Hosp Cecons	usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A 2.5 Non-lead Date of Burial
(Address) Cochouse ()	20 UNDERTAKER LU PSNOWDEN ADDRESS Rockerelle
	ar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebropinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

PLACE OF DEATH

County Monte Co

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STATE OF MARYLAND CERTIFICATE OF DEATH

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d	٦	٦	p	£	
7	Š.	ä	0	r	

Registration Dist. No.

Vi		Clarksburg	(No	DOLPH	St.: Ward	(if death occurred in a hospital or institution, give its NAME instead of street and number.)
1=	PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH
	sex l e66	Col.	5 SINGLE, MARRIEDW 1 QOW WIDOWED. 1 OR DIVORCED (Write the word)			, 192.31 (Day) (Year)
6	DATE OF BIE		rd . 1 I3	17 3 I HEREBY	CERTIFY, That I at	tended the deceased from
		(Month)	(Day) (Year)	that I last saw h	alive on	1 - 4 1981,
1	OCCUPATION		If LESS th 1 day_h mos2ds. ormir	s. The CAUSE OF DEAT	H * was as follows:	
with the same of	(b) General 1 business, or	nd of worknature of industry cstablishment in yed or (employer)	Loaborer	Contributory Secondary		yıs mos ds.
ENTS	FATHER 11 BIRTHP OF FATI (State of	10 NAME OF FATHER William Hackey 11 BIRTHPLACE OF FATHER (State or country) Md		(Signed)		
PARE	OF MOT	HER Hattie	Bruce	18 LENGTH OF RES	sidents) In th	oitals, Institutions, Trans- ie ateyrsds,
14	(State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Melvin Randolph		Where was disease contril not at place of deal Former or usual residence	or REMOVAL	DATE OF BURIAL	
15	-		ison Ave, Malti	nore Roc	Sachur	Mar 8th, 19 31

If more blanks are needed, addre.s Ltate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed. as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons ener," etc., worked on may form part of the second statement.
Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to cach and every person, irrespective of For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many (b) Grocery;

Statement of Cause of Death—Name, first, the Disternal Cause of Death—Name, first, the Disternal Cause of Death—Name, first, the Disternal Cause of Cause of the primary affection with respect to time and eausation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Ynanition," "Marasmus," "Old Age," "Shock," stated unless important. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not be etc. The contributory valvular heart Nomenclature Measles; discase;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF BEATH	STATE OF MARTEAND
County Colcord Monte Co	CERTIFICATE OF DEATH
Village or City Bethesday Ind (No. , II.	Registration Dist. No. 2/6 wer Road St.: Ward) (If death occurred in a hospital or inetitudion, give its NAME in-
2 FULL NAME GARANCE / Yell	atead of street and humber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Widowed Or Divorced (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	March 1 19231, to March 1923.
march 2 , 1931	that I last saw ham alive on march, 192.3
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at L. 30. 4.
92.yrs. 8. mos. 2. 8. ds. or min. ?	The CAUSE OF DEATH & was as follows: Lucy Cubilin
(a) Trade, profession or Mone particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) 2 yrs mos de
9 BIRTHPLACE (State or country) Homostown St	Contributory Culture Schussen
10 NAME OF FATHER Codward Communich	(Signed) M.D
11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Jarah a. Commandale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) England	At place In the of death yrs. mos. da, State, yrs. mos. de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Tatil Phillips	Former or usual residence
(Address) River Road Bethesda	Washington OC Man. 4,193/.
Filed March 2 192 3 Dr. Benj Berry &	Chambers & Co. Wash DC.
wore blanks are needed, address State Registrer.	16 W. Saratoga St., Balto., Requesting V. S. No. L.

03363

STATE OF MARYLAND

(Approved by U. S. ('ensus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reatate occupation at beginning of illness If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wrages as Servant, Cook, to report specifically the oce pations of persons enployed, as At echool or At home. (are should be taken definite salary). may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home. laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager." "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces Physician, Compositor, Architect, Locumotive engineer the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Whatever, write None. Housemaid, etc. worked on may form par: of the second statement (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; rhould be used only when needed. sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemen, etc. But fulness of various pursults can be known. The ques-Statement of Occupation Precise statement of ocetc., applies to each and every person, irrespective of For many occupations a single word or term on 07 yr.8.). without more precise specification as Day at Home, and children, not gainfully emwho are engaged in the duties of the For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-As examples: (a) in many

Stacement of Lause of Death—Name, first, the miskase causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Gersbrospinal favor (the only definite synonym is "Epidenic carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid meumonia"); Lobar pneumonia, Bronchopneumonia ("Pageumonia,"

> ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUIGIDAL, OF HOMICHDAL, OF State cause diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of "inqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck "PUERPERAL septicaemia,""PUERPERAL peritonitis," vulsious." Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congeuital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Example: Measles "Апасшіа" by railway terminal Measles; (second-(disease (mcrely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

2

PLACE OF DEATH

County Montgomery Wd.

03364 STATE OF MARYLAND CERTIFICATE OF DEATH

0 0		Registration Dist. No. 2/6		
Villa	go or City Trenchlife Heights (No.	St.;Ward)	[if death occurred in a hespital or institution, give its NAME instead	
	2 FULL NAME Harriet lo. Very	nolds	of street and number.]	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
3 SE	Married, White Single, Widow or White Write the word)	16 DATE OF DEATH MAYS 2 (Month)	(Day) , 198/	
7 AG	(Month) (Day) (Year) If LESS than 1 day, hrs.	that I last saw he alive on the date st	tended deceased from 100-2-3-, 193/, 100-2-3-, 193/, ated above, at 3-0 m.	
	S yrs. 2 mos. 15 ds. Or min.?	The CAUSE OF DEATH & was as fellow	vs: Sefer	
(b)	CCUPATION () Trade, profession, or ritoriar kind of work () General nature of industry sinces, or establishment in ich employed (or employer) b. worken for S. C. G.	(Boration)	was so.	
	10 NAME OF	Centributery Secondary (Boyallon)	72/173 / moe 65	
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Dispass Causing Drain, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental.		
0.	13 BIRTHPLACE OF MOTHER (State or country) Lower E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the af deathyrsmesds. State,yrsmesds. Where was disease contracted,		
	(Informant) Edwin Reynolds	if not at place of death ?		
16 File	March 25, 1931 Bery Cherry March 25, 1931 Bery Cherry M. C. Braithan	20 UNDERTAKER	MUN. 26, 108/	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth
Association.]

write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Desler," etc., without more mobile factory. The material worked on may form part mill, (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, meminature of the preumonia indefinite); Tuberculosis of lungs, meminature of the preumonia indefinite);

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated state means of injury and qualify as accidental, "PUERPERAL perilonilis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consurgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broneough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of rent) affection need "Tumor" for malignant neoplasms); Measles; Wheeping by roilway The nature of the injury, as fracture of skull, The contributory (secondary or intercurtrain-accident; Revolver not be stated unless Never report mere important. mound

If the sertificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	03365	STATE OF I	MARYLAND
County Monty	(3)	CERTIFICATE	OF DEATH
		Registration I	Dist. No. 2/2
Village or City War Barnsville		St.: Ward)	(If death occurred i
2FULL NAME Still born	1	Polinson	a hospitul or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
Make Color or RACE S SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEAT	Month)	2 H 193 (Year)
Mar 24, 193/ (Month) (Day) (Year)	that I last saw h.	Lalive on aff	, 192
7 AGE II LESS than		cured on the date stated	above, at J 309 n
0 yrs. 0 mos. 0 ds or min.?	The CAUSE OF DE	ATH * was as follows:	
B OCCUPATION (a) Trade, profession or 7	b	inth	
particular kind of work			
(b) General nature of industry business, or establishment in		(Duration)	V/F0
Which employed or (employer)	Contributory	Turkey	w
9 BIRTHPLACE (State or country)	Secondary	(Puration)	yrs mosd
10 NAME OF John & Roberton	(Signed)	water	0 1 1 M.
II BIRTHPL GE	19	(Address)	roway
CState or country)	Violent Caus s, Accidental, Suicid	Disrase Causing Death, state (1) Means of Ir	or, in deaths from njury and (2) whether
of MOTHER Bernier Froming Dave	-	RESIDENCE (For Hospi	tals, Institutions, Tran
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs	mosds. In the	eyrsd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease c	ontracted, leath?	
Bernin Balance	Former or usual residence	00000 mm 0000 000 000 000 000 000 000 0	
(Info mant)	19 PLACE OF BUR	IAL OR REMOVAL	DATE OF BURIAL
(Address)	mry	411	9/26,197
Filed 3/24 19, mos C Cfolfor	20 UNDERT KER	llon + Ann	Borrande

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired or given up on account of the DISEASE CAUSING DEATHS worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material or At Home, and children, For many occupations a single word or term on Farm labarer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-Locomolive engineer, not gainfully em-(6) Gracery; Tron

Stratement of Cause of Death—Name, first, the property of the causalion, using always the same accept to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrashial fever (the only definite synchym is "Fpidemic cerebrashial moningitis"); Diphtheria (avoid use of "Cround"); Spinal moningitis"); Diphtheria (avoid Pneumonia, "obar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopheumonia (secondary), stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepais, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poismed by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsiens, Never report mere symptoms or terminal condicough; Chronic Carcinoma, Sarcoma, affection etc. The contributory valvular heart Nomenclature need disease; not be of the

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PLACE OF DEATH	()3366 STATE OF MARYLAND
County Manuagamen	CERTIFICATE OF DEATH
nor C. A.	Registration Dist. No. Z/S
Village or City Cashers (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3/9, 1981 (Month) (Dev) (Year)
6 DATE OF BIRTH Month (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Jestis- Sutes Cuto Alogicalio
business, or establishment in which employed or (employer)	Contributory (Duration) yrs. mos 2 ds.
9 BIRTHPLACE (State or country) That found	Secondary (Direction) / yre / Imos
10 NAME OF FATHER Trank Selby	(Signed) (Address Jacoboursella)
OF FATHER Z (State or country) 12 MAIDEN NAME OF FATHER Z (State or country) 12 MAIDEN NAME	*Stat the Disease Causing Death, or, in deaths from Violent Causea, state (1) Mean of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Emma Lindry 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Mary Count	At place In the of deathyrsmosds. Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah?
(Informant) Frank Selby	Former or usus residence
(Address) Gathersburg mo	Farst Ool Gathersburg 3/21, 18/
Filed May 21 1923 War Registrar	Roy W Barber Lathersburg
If more bianks are needed, address State Registrar	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emhou ehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (10-Housemaid, etc. If the occupation has been changed For many occupations a Stationary fireman, etc. But in many single word or term on

spinal meningitis"); Diphtheria (avoid use of "Croup"; ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Disfever (the only definite synonym is "Epidemic cerebro-Typhoid fever (never report "Typhoid Pneumonia"); time and causation), using always the same accept-CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> use of "Tumor" for malignant neoplasms); Measles; causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n_ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases can be ascertained as the cause. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as cough; or intercurrent) affection need Chronic etc. The contributory valvular heart Always qualify all not be disease

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should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, nature of the business or industry, and therefore an business, that fact may be indicated thus; Former g gcd in domestic service for wages, as Servont, Cook, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseloborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesmon, without more precise specification as For persons who have no occupation (b) Automobile factory. The material As examples: (a) (b) Grocery;

Statement of Cause of Death—Name, first, the bise EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrosphart fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) Recommendations on statement of cause of death "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, peritonaeum, etc., Coreinomo, Soreoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all Whooping as fracture of skull, or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary or intercurrent) Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage by Committee on Nomenclature of the cough; Chronieand consequences (e. g., sepsis, Example: Measles (disease etc. valvular heort diseose; affection need not be The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH 3365 STATE OF MARYLAND CERTIFICATE OF DEATH cperly classified certificate. Registration Dist. No. (If death occurred in a hospital or institution, give its NAME i number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED (Write the word) (Day) 6 DATE OF BIRTH (Day) (Month) If LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work Ø (b) General nature of industry d business, or establishment in which employed or (employer) UNFADIN Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) FATHER 0 11 BIRTHPLACE OF FATHER the l'iscase Causing Death, or, [in Violent Causes, state (1) Means of Injury Accidental, Suicidal or Homicidal. (State or country) (2) Whether and 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death. yrs.....ds. ds. (State or country) 00 Where was disease contracted, shoul nt of if not at place of death? OF MY KNOWLEDGE Former or usual residence DATE OF BURIA Every CIANS stater Registrar If more banks are needed, addre a tate Registrar, 16 W. Sarntoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise special rather, etc. Womlaborer, Farm laborer. Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Oceupation-Precise statement of oc-Physician, Compositor, Architect, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinkharia avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopheumonia ("Pneumonia,"

> approved (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences ie. g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Meusles (disease Examples: Accidental drowning; Struck by railway train tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiby Committee on Nomenclature Chronic etc. valvular heart Always qualify all The contributory not be disease; death

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serunt, Cook, er," et., without more precise specification as Day toborer, Farm laborar, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) eupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farn or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager, worked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Locomolive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup ed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DI to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with respec Typhoid few (never report "Typhoid Pneumonia" (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia.

Lobar

"Uraemia," "Weakness," etc., when a definite disease tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, peritonaeum, etc., approved by Committee on as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury Examples: Accidental drowning; Struck by railway train-Whooping use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of eause of death unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic Carcinoma, Sarcoma,, etc., of etc. vahrular heart disease Nomenclature The contributory

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M)	PHYSI-
	CORD	erly classifier rtificate.
SINDING	PERMANENT	thould be state it may be prop on back of cel
RVED FOR BINDING	K-THIS IS A PER KNENT CORD	supplied. ACE should be stated EXACTLY, PHYSI- n terms so that it may be properly classified. Exact See instructions on back of certificate.

1PLACE	OF DEATH
County	Montg Co
lage or City_	Gaithersburg (

03370	STATE	OF I	MAR	YLANI
93-2	CERTIFIC	CATE	. OF	DEAT

,,,,,		STATE OF M	IAR	LAND
2	4	CERTIFICATE	OF	DEATH
3-0		Registration D	list N.	21

_St.:	Ward)	(If death occurred hospitat or in tion, give its NAM	stitu-
		stead of street number.)	and

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Mar 2nd	, 19231
(Month)	(Day) (Year)
17 I HEREBY CERTIFY, That I at 2 May. 1931. to 2	mae, 1983
	neat . 1903
and that death occurred on the date state	ed above, atm
The CAUSE OF DEATH * was as follows:	17
acute myo	cardiler
	222,°00.000.000.0000.0000.0000.0000.0000
(Duration)	O vra Omos / de
Contributory Secondary	
(Signed)	sorper to
Accidental, Suicidal or Homicidal.	
18 LENGTH OF DESIDENCE (For Hospients) Recent Residents) At place of death Ors	Soul
if not at place of dea.h?	
Former or usual residence	······································
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Clopper	Mar 5th 19 31
20 UNDERTAKER	ADDRESS
10/Jachus	Gaithersburg

M

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery; (a) Foreman, (b) Automobile factory. The material tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cooka Housemuid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, etc., report specifically the occupations of persons en-For many occupations a without more precise specification as Day single word or term on

Statement of Cause of Death—Name, first, the DIS-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospital of fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condifor malignant neoplasms); Measles; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature of the not be disease;

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1931

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Strtement of Cause of Death—Name, first, the pre-EA:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospianl fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid—probably suicide. Then ture of the injury, as fracture of skull, and consequences (e.g., sepsis, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ethaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart disease;

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V. S. No.

N

PLACE OF DEATH County Monty. Village or City Jakom Bako. 199 bas 2FULL NAME Hattie Sulliva	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 21 21 21 21 21 21 21 21 21 21 21 21 21
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2, 1981 (Month)—(Day)—(Year)—, 17 I HEREBY CERTIFY, That I attended the decessed from
6 DATE OF BIRTH Colombia (Day) (Year)	5 uly 1930 to march 2 ,1931, that I last law h. E. R. alive on Jel. 15 , 1971,
7 AGE If LESS that I day hrs. 4 mos. 29 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	operations. Peturned in about two months Cruzy (Durstion) yrs I mos de. Contributory Perfusatory parolysis
OF FATHER OF MANY Sellimine 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER RAPIDS Schooling	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER Wanted	At place of death yrs mos. ds. State yrs mos ds.

Where was disease contracted, if not at place of death?..... 14 THE ABOVE IS TRUE TO

(Informant)

15

20 UNDERTAKER

DATE OF BURIAL

ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Former or

usual residence

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealshould be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Laborer Spinner, (b) Cotton mill; (a) Salesman. nuture of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day specifically the occupations of persons en-For persons who have no occupation Stationary freman, etc. (b) Automobile factory. The -Cocl mine, etc. Wom-Locomotive engineer, As examples : (a But in many (b) Gracery; material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); tobur pneumonia. Bronchopmeumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite direase "Exhaustion," "Heart I "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstited unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, as fracture of skull, carbolic acid-probably suicide. The nature of the injury American Medical Association.) approved by Committee on Examples: Accidental drowning; Struck by roilway train (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Corna," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary) interstitiol nephritis, Chronic and consequences (e. g., scpsis " "Old Age, " "Shock," etc. The contributory valvular heart disease; Nomenclature Sarcoma,, Meosles ; etc., 01

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

APR 7

PLACE OF DEATH	STATE OF MARYLAND
County Monlgoning	CERTIFICATE OF DEATH
ξ,,,	Registration Dist. No. 2/0
Village or City Hear & By Como rella (No.	St: Ward) (If death occurred a hospitul or inst
2 FULL NAME Bessie Lanore)	heehlen tion, give Its NAME stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. Manual OR DIVORCED (Write the word)	16 DATE OF DEATH 200 3/ 198/
	(Year) 17 I HEREBY CERTIFY, That I attended the deceased for
6 DATE OF BIRTH Feb 10 1875	Man 73 1831 to Mar 3/ 12
(Month) (Day) (Year)	that I last saw h Sa alive on Sasselv 30, 192
7 AGE [If LESS tha	an and that death occurred on the date stated above, at 12.2.
dayhr	
56 yrsds. ormin	
8 OCCUPATION (a) Irade, profession or House wife	I from bosso of the Coronar
A succession limb of mark	
particular kind of work	Uslessia
(b) General nature of industry	- Claren
	(Duration) yrs mos 3
(b) General nature of industry outliness, or establishment in which employed or (employer)	Contributory Propo Con defe - Artino
(b) General nature of industry ousiness, or establishment in which employed or (employer)	Contributory Mayo Con Ash - Arlino
(b) General nature of industry ousiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary Duration) Contributory Secondary (Duration) Contributory Secondary Duration)
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Christian Bon many	Contributory Secondary (Duration) Myraninos (Signed) 1 1 Daylor M
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Duration) Mynoury (Signed) 1 To proce M Mar 3 1981 (Address) Lay Long Ville)
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country)	Contributory Secondary (Duration) (Duration) (Signed) (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 Maiden Name 12 Maiden Name	Contributory Secondary (Duration) (Duration) (Signed) (Signed)
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 22 (State or country)	Contributory Secondary (Duration) (Duration) (Signed) (Signed)
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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report ployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or At Home, and children, not gainfully em-For many occupations a single word or term on specifically the occupations of persons en-Locomotive engineer,

fever (the only definite synonym is "Epidemic cerebroed term for the same dise.se. E.:amples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS Lobar pneumonia, Bronchopzeumonia Typhoid fever (never report "Typhoid Pneumonia"); inal meningitis"); Diphtheria (avoid use of "Croup"]; ("Pneumonia,"

> st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(E.haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol., ol., c., (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all Whooping approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJULY cough; or intercurrent) affection need Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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	W. EEvery item of information should be carefully supplied. ACE should be stated EXACTLY, PH' CIANS should state CAUSE CF DEATH in plain terms so that it may be properly-elassified. Estatement of OCCUPATION is very important. See instructions on back of certificate.
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PLACE OF DEATH-	STATE OF MARYLAND
County Moulg	CERTIFICATE OF DEATH
4-1-1	Registration Dist. No. 2 18
Village or City Millussburge	St.: Ward) a heartrie or institute
2FULL NAME William Da	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED SILLA	16 DATE OF DEATH MANUELLE 20
male wit. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
lug, 23 , 1875	2 Jav 198 1 to 30 MUW 198
(Month) (Day) (Year)	that I iast saw h washire on Jo Man., 1987.,
7 AGE III LESS than	
55 vrs. 7 mos. 5 ds. or min.?	The GUSE OF DEATH / was astoliows:
OCCUPATION	ned suddenly
(a) Trade, profession or Dakaser	
(b) General nature of industry	Protably party myrcardie
business, or establishment in which employed or (employer)	(Duration)
5	Contributory Inflamplety
(State or country)	Secondary required was most and
10 NAME OF 1	J'W Balber
FATHER LEN L. Malkins	Man 21 21 Maillers frue
U II BIRTHPLACE OF FATHER	193/ (Address) Talling Free Country Doth on in dothe free
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Buylon	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Juna Man Thurste	Former or usual residence
(Informant)	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lauturburg, He	l Realsville april 1. 1981
15 Filed Mar. 31 1981 Backel Dan Etely	20 UN DERTAKER GARTINE Sailtusobre
Negrotul .	16 W Santage St. Belto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But iu many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, etc., Foreman, especially in industrial employments, it is neces-For many occupations a yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material single word or term on (d) Grocery; Lagli

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respec Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinul to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> (Recommendations on statement of cause of death Letains) may be stated under the head of "contributory." "(Traemia," "Weakness," etc., when a definite disease approved by Committee on "PUERPERAL septicacnia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicidc. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic Example: Measles (disease ctc. The contributory valvular heart disease; Nomenclature Measles;

answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed. It this certificate is looked over thoroughly and all qu stions

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V. S. No. 1

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THE THE	County
1 4- 4	Village or
formation should be carefully supplied. ACE chould be stated EXACTITE CAUSE CF DEATH In plain terms so that it may be properly classicue ATION is very important. See Instructions on back of certificate.	PEF 3 SEX
ay b	Jew
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1PLACE OF DEATH	03375 STATE OF MARYLAND
County mont	93-0 CERTIFICATE OF DEATH
00 - 20 6 1	Registration Dist. No. 21)
Village or City Spencervelle mul_	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX, 4 COLOR OR RACE 5 SINGLE, MARRIED, Jung WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mar 25, 198/ (Month) (Day) (Year)
6 DATE OF BIRTH 200 /9 , 1847 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 5 to Mar 26, 1923/ that I last saw hereafter on Mar 26, 1924,
7 AGE SS wrs moa ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	artenoseleroses
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrsde.
BIRTHPLACE (State or country)	Contributory Secondary Secondary (Duration) yrs. — mos. 9 ds.
10 NAME OF Thos - Winkenny	(Signed) Charles Juntales M. D.
OF FATHER (State or country) Ongland	*State the listase Causing Death, or in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER AND TYPE 13 BIRTHPLACE 13 BIRTHPLACE 14 OF MOTHER AND TYPE 15 DIRTHPLACE 16 OF MOTHER AND TYPE 17 OF MOTHER AND TYPE 18 OF MOTHER AND TYPE 18 OF MOTHER AND TYPE 19 OF MOTHE	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) England	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
(Informant) Frank Main	if not at place of dea.h?
(Address) Spencervelle med -	andrews Chapellem, Colerons Mar 28, 134
Filed Mar 27 1928/ Osbarnslay Registras	Lloyd Kaiser Faurel Int_
	- 12 W Sheetags St Bulto Requesting V. S. 19. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Furmer (reployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, to report household only worked on may form part of the second statement. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of Foreman, · (b) or At Home, and For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salcsman. specifically the occupations of persons For persons who have no occupation Stationary fireman, etc. (not paid Housekeepers who receive a Automobile factory. The children, not gainfully em-Locomotive engineer, But in many (6) materia Grocery;

Statement of Cause of Death—Name, first, the DISERALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Coubraspinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (sccondary), stated unless important. use of "Tumor" inges, peritonaeum, etc., Carcinoma, Sarcoma, approved accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Recommendations on statement of cause of elanus) may be stated under the head of "contributory." "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; or intercurrent) for malignant neoplasms); Mcasles; Chronic Example: Measles (disease affection etc. The contributory valvular heart need not be disease; etc., of

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

PLACE OF DEATH STATE OF MARYLAND County/Worl CERTIFICATE OF DEATH 211 Registration Dist. No. (If death occurred in Ward) a hospit i or institution, give its NAME is number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 16 DATE OF DEATH MARRIED. Marre WIDOWED. OR DIVORCED may (Write the word) 6 DATE OF BIRTH (Day) 7 AGE IlfLESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH as follows: min.? 8 OCCUPATION (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF *State the Piscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of deathyrs......ds. State...... yrs.mos. .. (State or country) Where was disease contracted, if not at place of dea.h? Former or usual residence 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner. tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmed or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) Grocery; without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Locomoline engineer, Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cetebrospinal meningitis"); Diphtheria avoid use of "Croup" Typhoid fever never report "Typhoid Pneumonia."

Lobar pneumonia, Bronchopneumonia ("Pneumonia."

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (seeondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS State MEANS OF INJURY (Recommendations on statement of cause of peritonacum, etc., Carcinoma, Sarcoma, etc., of Chronic etc. The contributory valvular heart discase; Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUR

MARGIN RESERVED FOR BINDING

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PLACE OF DEATH	STATE OF MARYLAND
CountyMontgomery	CERTIFICATE OF DEATH
	(72-0)
Va +	Registration Dist. No. 246
Village or City Somerse (No. 10 2FULL NAME (Imelia M Wre	Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH Inch. 12 , 19 2 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Lee. 24. (Day) (Yest)	that I last saw h evalive on Mch 11 1 193/
7 AGE If LESS than	and that death occurred on the date stated above, at
day hrs.	
O yrs. 2, mos. O ds. or min.?	Combral trasmonlare
B OCCUPATION (a) Trade, profession or	
particular kind of work None.	
(b) General nature of industry business, or establishment in	101100000000000000000000000000000000000
which employed or (employer)	(Duration) yrsds
9 BIRTHPLACE (State or country) Wash of D.C.	Contributory Secondary
FATHER William H. Mahr.	(Signed) Edwin O Cottrap M. D
of FATHER	M.Ch. 12 1921 (Address) 701 6 Capt At
C. State or country) Jesusary Jesusary Jesusary Jesusary	*State the Placase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Umelian Buggdorf	13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place In the of deathyrsmosds. Stateyrsmosds
(State or Country) Illmany	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) (Marie G. Nash.	usual residence
A second	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) 28 W. ashmed (4). South.	Washington D.C. march 12, 1931
15 m Bermantown Blue.	20 UNDERTAKER ADDRESS
Fild 1/2 - 1981 Bery Cherry	almus & Speare. 1629 Com ane
If more hanks are needed address that the land	, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo. 1.

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(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to c.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-(a) Foreman, the first line will be sufficient, e. g., Farmer or Planter, ," etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Cotton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material As examples: (a)

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted ed term for the same diselse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); sinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on (Recommendations on statement of cause of death tctanus) may be stated under the head of "contributory" as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart manure, manure, "Shock," "Shock," "Old Age," "Shock, "Shock," "Than Achiete Alsons or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Ilaemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomst_ted unless important. unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; use of "Tumor" for malignant neoplasms); Mcasles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory "Atrophy," "Collapse, FOR VIOLENT DEATHS STATE MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.